Exploration of the Meaning of Healthy Work Environment for Nurses

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A healthy work environment (HWE) enables nurses to provide quality care. A qualitative research methodology explored characteristics of a HWE following the American Association Critical Care Nurses 6 Standards. Focus groups were conducted with clinical nurses (n = 46) and nurse managers (n = 43) from 5 New Jersey hospitals. Clinical nurses provided firsthand accounts of living, working, and the importance of teamwork in a HWE. They need to feel valued and receive meaningful recognition. Nurse managers provided concrete examples including resources for a HWE. Creating and supporting a HWE is the responsibility of all nurses.

The relationship between quality patient care and a nurse's work environment is widely established.[1] An environment that enables nurses to function fully within their abilities to provide quality care to patients is known as a healthy work environment (HWE).[2] HWE standards positively affect the nurse's perception of quality patient care within their organization, which has the potential to influence both nurse and patient outcomes.[1] Health care leaders are challenged to address these standards. The National Academy of Medicine, formerly the Institute of Medicine, recommended in their landmark report *Keeping Patients Safe: Transforming the Work Environment of Nurses*[3] that research should examine the relationship between nurse staffing levels and quality care while simultaneously considering organizational variables such as work environment. Researchers have also found that HWEs inclusive of nurse staffing are associated with lower mortality and mortality from complications.[4,5] HWEs can also lead to increased nurse engagement, improved nurse staffing levels, greater nurse retention and job satisfaction, and better patient care.[1,6,7]

Although evidence suggests that HWEs and staffing improve patient care, the majority of proposed policies are geared toward improving staffing and do not consider the environment. In New Jersey, staffing ratio legislation was discussed in 2017 to require minimal standard ratios for registered nurses (RNs). Recognizing the importance of staffing for both patient and nursing outcomes, chief nursing officers (CNOs) resolved to draft a plan to address staffing concerns that met with the financial needs of their respective organizations without the stringent limitations of a nurse-to-patient ratio. Nurse leaders at the Organization of Nurse Leaders of NJ (ONL-NJ) recognized that whereas staffing is an essential element of quality care delivery, it is the HWE in which nurses deliver the care that is key.[1,2,6,7]

ONL-NJ elected to respond proactively to potential staffing legislation. Using the Standards for Establishing and Sustaining Healthy Work Environments from the American Association of Critical Care Nurses (AACN), which includes staffing in the context of HWEs, 5 CNOs self-selected to lead HWE councils in each of their respective acute care hospitals. These councils were named the Nurse Workforce Environment Staffing Councils (NWESC) and comprised clinical nurses and nurse managers. The objectives for the NWESCs were to establish a safe work environment in which nurses collaboratively determine the resources needed; to formally give clinical/direct care

KEY POINTS

- **When defining healthy work environments (HWEs), clinical nurses articulated firsthand accounts of working in HWEs, whereas managers spoke about the concrete components of HWEs.**
- **Clinical nurses stressed the need for teamwork described as a "symphony" with staff working together in harmony to provide care.**
- **Nurse managers identified the importance of mutual respect and collaboration with all providers.**

providers a voice in human resource allocation; and to provide a forum for participative leadership for nurse staffing decision-making. To further understand what constitutes a HWE, we conducted a qualitative study to explore how acute care clinical nurses and nurse managers perceived their HWEs in the context of staffing prior to the implementation of NWESCs.

METHODS

Research Design

We used a qualitative research methodology to explore characteristics of HWEs according to the AACN Standards. We held focus groups with clinical nurses and nurse managers to provide an opportunity for participants to explore their views and experiences while listening to and responding to other participants' experiences and viewpoints.[8] Prior to conducting the study, we obtained institutional review board approval from Rutgers, The State University of New Jersey, and from each of the pilot hospitals participating in this study.

Sample

Our sample was clinical nurses and nurse managers who were members of the NWESCs at the 5 participating hospitals. We defined a clinical nurse as a "professional nurse who spends the majority of his or her time providing direct patient care" and nurse manager as "an RN with 24-hour/7-day accountability for the supervision of all clinical nurses and other health care providers who deliver nursing care in an inpatient or outpatient area." Inclusion criteria for the focus groups included RNs who identified their current role as a clinical nurse or nurse manager member of the NWESC at 1 of the 5 participating hospitals.

Utilizing purposive sampling, NWESC clinical nurses and nurse managers were sent a recruitment e-mail via their work e-mail explaining the purpose of the study. Those nurses who wanted to participate in the study were instructed to respond to the e-mail invitation. Once participants responded to the e-mail, we informed them about the study and the date, time, and location of the focus group, and verified their interest in participating.

Setting

We conducted 2 separate focus groups at each hospital over 8 weeks: 1 for the clinical nurses and 1 for the nurse managers. The focus groups were held in private conference rooms at each organization where the participants were employed. The seating arrangement for each focus group were in a circular formation.[8]

Data Collection

We developed a focus group guide in conjunction with each of the 5 CNOs. Our focus group guide consisted of open-ended questions based on the 6 AACN Standards: skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership.[9] (*Figure 1*). We collected demographic data including age, gender, job title, nursing degree, certification, and years of nursing experience. The focus groups lasted 45 to 60 minutes. All focus groups were audio-recorded using a digital recorder.

Data Analysis

Recorded data were transcribed verbatim for analysis into Microsoft Word documents. The transcripts were checked for accuracy and transferred into NVivo 11, a qualitative data analysis software on a computer that was password-protected. All demographic data were numbered and linked, by number, to the focus group recording. We used thematic content analysis, which is an iterative, constant comparative method to identify codes and themes.[10] Each researcher read, reread, and coded the transcripts independently, and frequent meetings were held to achieve a consensus.

RESULTS

Ten focus groups were conducted with clinical nurses (n = 46) and nurse managers (n = 43) from the 5 participating hospitals. All 5 hospitals were not-for-profit organizations with 178 to 527 beds. Four (4) had Magnet® designation, and the remaining hospital was on the Pathway to Excellence Program®.[11] The majority of clinical nurses and nurse managers were female, with a mean age of 49 years, and had more years of experience than the clinical nurses (*Table 1*). Almost three-quarters of the clinical nurses were

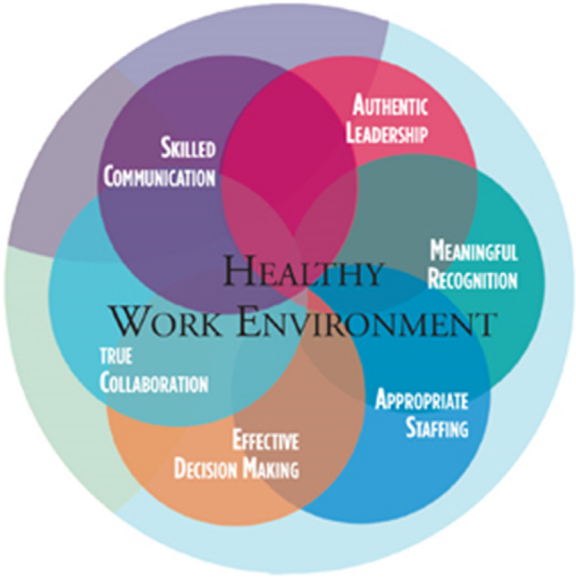

Figure 1. Standards for Establishing and Sustaining Healthy Work Environments.[9]

Table 1. Demographic Characteristics of Focus Group Nurses

	Clinical Nurses (n = 46)	Leaders (n = 43)
Gender, n (%)		
Male	4 (9)	9 (21)
Female	42 (91)	33 (77)
Transgender	0 (0)	1 (2)
Age and years RN, mean ± SD		
Average age, years	43 ± 11.7	49 ± 9.6
Years RN	16 ± 13.9	22 ± 10.6
Highest degree in nursing, n (%)		
RN diploma/associate degree	7 (15)	2 (5)
Baccalaureate degree	34 (74)	18 (42)
Master's degree	5 (11)	19 (44)
Doctoral degree	0 (0)	4 (9)
National certification, n (%)		
Yes	25 (54)	32 (74)
No	21 (46)	11 (26)

baccalaureate prepared (n = 34), whereas approximately half of the nurse managers had a minimum of a master's degree or higher.

HWE Overarching Theme

When defining a HWE, the clinical nurses articulated firsthand accounts of experiencing, living, and working in a HWE, whereas managers spoke about concrete components of what makes up a HWE. The overarching theme for the HWE was having sufficient resources available to provide quality care. A clinical nurse described the HWE as:

"The unit itself was just, not enough resources, very disorganized, the environment was just very disheveled."

Conversely, nurse managers described this theme as:

"Having proper supplies for the staff so they could have one less thing to worry about, so they could grab and go, and do what they need to do."

The HWE subtheme for nurse managers was mutual respect, communication, and collaboration, not only with nursing, but with all providers (*Table 2*). The HWE subtheme for clinical nurses was teamwork, described as a "symphony" with staff working together in harmony to provide the best care. An emergency department nurse stated:

"It is just you do not even have to ask it, just everybody shows up. It is like a symphony."

Teamwork from the clinicians was described as:

"If I go into a room to just change a patient or take care of somebody, there are certain people I can work with, I do not even have to say anything."

Skilled Communication

Clinical nurses and nurse managers both identified that good communication with nurse colleagues and physicians leads to good outcomes. Clinical nurses identified a subtheme of "communication mismatch" with regard to using technology to communicate in the clinical setting. Communication mismatch was explained as "Just because it's in the computer, doesn't mean that we saw it, especially when we have a high patient load…" On the other hand, nurse managers identified communication technology as an advantage. When they described multiple communication methods as the subtheme, they said:

"…the huddles and the staff meetings, we can text message our staff members, we can telephone them, e-mail. You got to hope they read it."

True Collaboration

The theme for true collaboration was "setting matters," although there were varying levels of collaboration depending on the nursing unit. Clinical nurses had a

Table 2. The 6 HWE Standards With Themes and Subthemes

Standard	Common Theme	Clinical Nurses Subthemes	Nurse Managers Subthemes
Skilled communication	Good communication leads to good outcomes	Communication mismatch	Multiple communication methods
True collaboration	Setting matters	Value our input	Process of collaboration
Effective decision making	No common theme	Unaware they are doing it	Shared governance
Appropriate staffing	Patient acuity and complexity matters	Fluctuating acuity	Need for accurate acuity tool
Meaningful recognition	One size doesn't fit all	Finding the way that people want to be acknowledged	Recognition has to be meaningful to how the person wants to receive it
Authentic leadership	No common theme	Manager present	Mentorship

hard time articulating the difference between communication and collaboration. When referring to collaboration with physicians, clinical nurses identified that physicians "valued our input":

"They [physicians] appreciate my input, they listen to what I have to say regarding my patients. And sometimes without even me providing it, they're coming to me and they expect that I am able to provide it."

The nurse managers primarily identified collaboration with physicians and nurse–physician rounding rather than interdisciplinary and interdepartmental collaboration. According to nurse managers, collaboration was:

"We [nurses] have bedside rounds with the physicians in our intensive care unit. It's a multidisciplinary round on every patient that the nurses actually present along with the physicians."

Effective Decision Making

There was no common theme shared by clinical nurses and nurse managers for effective decision making. Clinical nurses had a difficult time responding to this question. They minimized their role in effective decision making, and thus, the subtheme was that they were "unaware they are doing it." A clinical nurse stated:

"I guess we don't even notice we're doing it…I mean, you call them [physicians] up, they haven't seen a patient, but you call them up and you say, 'I need this for them…I need Reglan for this patient,' they just put it in."

The subtheme for nurse managers was shared governance, and the leaders explained that the nurses had a shared model striving for the same goals.

Appropriate Staffing

The common theme shared by both clinical nurses and nurse managers was that patient acuity and complexity matters. To elicit a free-flowing discussion about appropriate staffing, we asked, "If you ruled the world, what would you change about your current staffing processes or staffing levels?" The clinical nurses' subtheme was described as:

"The acuity on the floor, it fluctuates from shift to shift, and the staffing doesn't fluctuate to meet that acuity."

"The acuity of the patient involves more than what it looks like on paper."

The need for an accurate acuity tool was the subtheme for nurse managers. One nurse manager described it best when she said that "nurses are not widgets":

"My telemetry unit, the acuity of the patients we get over there, I would decrease the nurse-to-patient ratio if I could. I just feel like we don't really look at that. We don't look at the complexity of the neuro stroke patients and take into account all of their needs."

Another nurse manager added:

"You have to look at everything as a whole, it's not just a numbers game."

Meaningful Recognition

Clinical nurses and nurse managers were asked about how they recognize others and how they like to be recognized at their organization. "One size doesn't fit all" was the shared theme. The subtheme for clinical nurses was finding the way that people want to be acknowledged.

"Sometimes the acknowledgment doesn't feel big enough…and sometimes when somebody acknowledges you in a way, it just gives you that extra wind behind your sails to pick it back up and keep going."

The nurse managers' subtheme was that recognition has to be meaningful to how the person wants to receive it. Albeit there are many formal recognition programs, the day-to-day recognition is not where it needs to be. Additionally, the nurse managers articulated that as a whole, recognition for their group is lacking because the priority is to recognize staff.

Authentic Leadership

There was no common theme among clinical nurses that emerged in response to the question about how their nurse manager helps you achieve and create a HWE. Regarding subthemes, clinical nurses spoke about the importance of having their manager present.

"My current director [is] very hands on. The [clinical nurse leaders] are very present and approachable, which really, I find to be extremely helpful and again empowering."

Mentorship was the subtheme that emerged from nurse managers.

"My director, on a personal note, is a really good mentor for me.… She really sits and takes the time to talk to me, give suggestions, positive feedback, constructive criticism, anything like that. She's really available."

DISCUSSION

Clinical nurses and managers identified that having sufficient resources were fundamental to a HWE. However, there was a disconnect between the perceptions of clinical nurses and managers as to what these vital resources actually were. Clinical nurses gave firsthand accounts of living and working in HWEs, and stressed the importance of teamwork. Conversely, nurse managers provided concrete components of HWEs that clinicians need to perform their jobs (i.e., additional staff and supplies).

Skilled communication and true collaboration are commonly recognized as 2 separate concepts. However, skilled communication and true collaboration are so intertwined in daily activities that it's often difficult to draw a distinction between the two. Skilled communication is about sharing knowledge among professionals through effective conversation.[1] Skilled communication encourages collaboration. True collaboration is a joint effort among disciplines, inclusive of nursing and other departments to produce an outcome to a common goal allowing for each individual's voice to be heard and respected.

Often, this outcome is greater than what any individual nurse could have achieved working alone, and thus, understanding the difference between skilled communication and true collaboration is essential when developing and implementing a patient care plan.[1] A nurse can demonstrate skilled communication without having to jointly collaborate with another team member. The clinical nurses demonstrated that they understood that communication was key in the process of true collaboration. Similarly, nurse managers described true collaboration as collaboration with physicians and nurses rounding rather than interdisciplinary and interdepartmental collaboration.

Effective decision making that is based upon knowledge and experience impacts patient care. Clinical nurses possess the necessary skills to assess patient situations accurately, but had a difficult time articulating that they were engaging in effective decision making even when assisting in routine patient activities. Interestingly, our study demonstrated that, even though the hospitals were Magnet® designated or were on the Pathway to Excellence Program®, nurse managers viewed shared governance differently than clinical nurses. Clinical nurses did not recognize that effective decision making was a component of shared governance, whereas nurse managers stated that a core component of shared governance includes effective decision making. This disconnect demonstrates that nurse managers still need to educate clinical nurses that they are actively engaging in effective decision making throughout their day because not all decisions in delivering safe nursing care are critical in nature.

Although we expected that clinical nurses and nurse managers would value a HWE, it was surprising that the HWE was valued more than appropriate staffing. In addition, nurse-to-patient staffing ratios were not the primary focus of discussion; rather, resource allocation was emphasized as it related to patient acuity and the environment. Clinical nurses identified that the fluctuating patient acuity that occurs between shifts and during the shift generally does not

take into account the dynamics of admissions, discharges, and transfers. Nurse managers recognized that clinical nurses rely on acuity tools to establish patient assignments. Thus, they voiced the need for an accurate acuity tool that uses clinical patient characteristics and workload indicators to assist in shift staffing. Both groups appreciate that allocation of staffing resources has the potential to affect patient and nurse outcomes.

All members of the health care team value recognition, and this is particularly true for nurses. Acknowledging and valuing their contributions to patient care through meaningful recognition plays a role in job satisfaction.[12] Findings suggest that whereas clinical nurses and nurse managers want to recognize others and be recognized for the value they bring to the organization, the type of recognition is not "one size fits all." Recognition needs to be customized to meet individual needs and be meaningful to nurses. Also, although clinical nurses were commonly recognized, nurse managers felt they were not recognized as often. In fact, nurse managers noted that the varied recognition programs were almost entirely focused toward clinical nurses, overlooking first-line nursing management.

Fostering a HWE shapes how nurses experience their work environment. Authentic leaders who create a HWE can have a favorable effect on nurse job satisfaction and retention.[13,14] We found that nurse managers were in formal leadership roles, whereas clinical nurses were not. Furthermore, clinical nurses didn't identify themselves as leaders in clinical settings regardless of the leadership qualities that they exhibit while caring for patients. Clinical nurses self-identified as "followers" despite their charge to be independent, self-directed critical thinkers. Nurse managers didn't encourage leadership behavior for the clinical nurses, but described mentorship characteristics rather than authentic leadership.

LIMITATIONS

The nurses in our study may have different perceptions because they work in institutions in which the CNOs are working toward a HWE. Nonetheless, the evidence provides an understanding of what creates a HWE that enables nurses to function fully within their abilities. Our findings can be applied to other acute care hospitals that have contextual similarities to those in this study. An additional limitation was that the focus groups have the potential for limited discussion.[14] Finally, the wording of the authentic leadership question limited the definition of a nurse leader to someone in a formal position and did not consider all nurses as leaders, because our clinical nurses did not self-identify themselves as leaders.®

IMPLICATIONS FOR NURSE LEADERS

Creating and supporting a HWE is the responsibility of all nurses. Whether in a formal leadership position or not, nurses possess the skills to be authentic leaders. Nurse managers are well positioned to emphasize the value that a meaningful recognition award brings to the patient experience. We encourage nurse managers to reinforce that direct care clinicians engage in effective decision making every day. Effective decision making in a shared governance model can promote nursing engagement and ownership of the workplace, which can in turn promote a HWE with improved RN and patient satisfaction.[15] To create a harmonious HWE that enables nurses to provide the best patient care, leadership needs to recognize and provide what is needed for both clinical nurses and nurse managers. The environment should not only be supportive of nurses' work, but it must also include the key elements of a HWE such as appropriate staffing, managerial support for nurses, and good relationships among nurses and physicians.

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